

4262

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 118

Registrar's No.

1. Place of Death: (a) County Graham (b) City or Town Rural (c) Location Near Franklin Ariz
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 45 years; In Arizona 44 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Rural
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Robert Sherman Stewart (b) If veteran _____ (c) Social Security No. 102-15-1000
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband North Forrest Stewart 6. (c) Age of husband 74
or wife, if alive 67 yrs.
7. Birthdate of deceased May 7 1867
(Month) (Day) (Year)
8. AGE: Years 74 Months 10 Days 9 If less than one day
hra. 9 min. 55
9. Birthplace Cleburn Co. Alabama
(City, town or county) (State or Country)

10. Usual Occupation Farmer & Stockman

11. Industry or Business _____

12. Name Alexander Stewart

13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Nancy Elizabeth Ham

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Phillip S. Stewart

(b) Address Franklin Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Franklin Ariz (c) Date June 4 1941

18. (a) Embalmer's Signature _____

(b) Funeral Director Chas. Seabrook Bishop

(c) Address Franklin Arizona

19. (a) 6-13-41
(Date received local Registrar)

(b) Eugene Romney
(Registrar's Signature)

5M 100% Rag 5-7-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 3 1941
TIME (Hour and minute) 9:55 AM.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Old Age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Ralph L. Loomis

Address Superior Ariz Date signed 6/13/41

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.